

Attitudes of doctors in a teaching hospital in South India towards end of life care in people with terminal cancer - A cross-sectional study

Abstract

Key words: Attitude, End of life (EOL) care, Palliative care, Doctors, Terminal cancer

Background:

End of life (EOL) care which involves specialized care to the person who is nearing or at the end of life is an emerging phenomenon in developing countries and studies done in this context are very few.

Method:

Consenting medical, surgical Oncology, radiation oncology and palliative medicine department of teaching hospital in South India completed anonymized semi-structured questionnaire which assessed the attitude of the doctors towards EOL care and challenges faced by them in delivering the same to people with terminal cancer. It also assessed about the personal experience and spiritual belief influencing the decision making.

Results:

Of the 117 participants, 82% were male and 18% were female. Of the 12 departments involved, the largest number of participants were from orthopaedics department (22%), followed by general surgery(18%), and radiotherapy (17%). The attitudes of the physicians in scenarios involving patients with poor life expectancy and older people revealed the finding that disclosures were made much earlier. Younger physicians differed from the older physicians in discussing various options except DNR status ($p<0.05$) thereby highlighting the fact that individual's perception and

knowledge has an impact on their decision making. An equal distribution of awareness of EOL care across the departments implicates the customized approach of the physicians regarding EOL care. Lack of clear guidelines; fear that patients and families will lose hope; prognostication difficulties; discomfort in talking about impending death and language differences are the challenges that physicians face in delivering effective EOL care. Physician's personal experiences of caring /losing loved ones and individual's spiritual beliefs to a lesser extent have an influence on physician's decision making.

Conclusion

Our study aimed to assess the attitude of the physicians towards EOL care issues in people with terminal cancer and we recommend the need for training in communication skills and breaking bad news along with the need for framing a relevant standard protocol for facilitating physicians in delivering a better quality EOL care to the dying patients. A highly empathetic nature of physicians towards patients' EOL preferences has been identified, which is encouraging; however there is a need to understand if there is any discrepancy noted between our patient's and physician's preferences towards EOL care.

